

FILED MAR 18 1942

Primary Registration District No. 4466

Registrar's No. 10

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE
 (b) City or town STE. GENEVIEVE Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ste. Genevieve
 (c) City or town Ste. Genevieve (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME REGINA SCHILLY
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb - day 3
 year 1942 hour 4 minute 4 A. M.

4. Sex FEMALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife MEINRAD SCHILLY 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec 7 1860
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 3 1942 to Feb 3 1942
 that I last saw her alive on Feb 2 1942 and that death occurred on the date and hour stated above.
 Immediate cause of death Cerebral Hemorrhage Duration 3 days

8. AGE: Years 81 Months 1 Days 26 If less than one day _____ hr. _____ min.

Due to arterio-sclerosis 2
 Due to chronic myocarditis 2 yrs
 Other conditions chronic arthritis 5 yrs
 (Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name FABIAN BASKER
 13. Birthplace GERMANY (City, town, or county) (State or foreign country)
 14. Maiden name GERTRUDE SUGAR
 15. Birthplace GERMANY (City, town, or county) (State or foreign country)
 16. (a) Informant Henry Schilly
 (b) Address Ste. Genevieve Mo
 17. (a) Burial (b) Date thereof 2 5 42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ste. Genevieve Mo
 18. (a) Signature of funeral director W. C. Cash
 (b) Address Ste. Genevieve Mo
 19. (a) Feb 4 1942 (b) T. W. Douglas
 (Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 _____ (Specify type of place) _____ (Means of injury)
 23. Signature Robert H. Lanning (M. D. or other)
 Address St. Pauline Mo Date signed 2/3/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

75
1
1

706

RECEIVED
District Health Officer No. 4
District File Number 342-331
Date Filed 3-12-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... Les C. Basher
Licensed Embalmer No. 1985
P. O. Address. St. Genevieve Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.